MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038400

Registration District No. 317 Primary Registration District No. 54 Registrar's No. 2800 STATE FILE NUMBER

FILED SEP 23 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ~~Missouri~~ CLAYTON
Length of stay in 1b: D.O.A.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis County Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: Florissant
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2340 Mullanphy Road
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Norman Middle P. Last Mozingo

4. DATE OF DEATH: Month September Day 6 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-30-1929

9. AGE (last birthday): 34 years
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Line Maintainer

10b. KIND OF BUSINESS OR INDUSTRY: Continental Can Co.

11. BIRTHPLACE (City and state or country): Sedalia, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Ora Mozingo

13b. MOTHER'S MAIDEN NAME: Nora Shepard

14. NAME OF HUSBAND OR WIFE: Ruby Mozingo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser: no

17. INFORMANT Address: Mrs. Ruby Mozingo 2340 Mullanphy Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple traumatic injuries
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.): 1 car accident (driver)

20c. TIME OF INJURY Hour: 11:55 AM Month, Day, Year: 9/6/63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway

20f. CITY, TOWN, OR LOCATION: St. Louis COUNTY: Missouri STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at DOA Co. Hosp. 12:48 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond Kaul Coroner

22b. ADDRESS: Clayton, Missouri

22c. DATE SIGNED: 9/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-10-1963

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc. 2161 East Fair St. Louis Missouri

25. DATE RECD. BY LOCAL REG.: 9-9-63

26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Julius R Braun

Licensed Embalmer No. 5146

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.